

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

COMMUNITY ONCOLOGY ALLIANCE PAC

ADDRESS (number and street) ▼

1101 Pennsylvania Avenue SW

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00383976

3. IS THIS
REPORT☐ NEW
(N)

OR

☒ AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☒ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2015

through

M M M / D D D / Y Y Y Y Y Y
03 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Diaz

Signature of Treasurer

Michael Diaz

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 07 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="39680.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="39680.55"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="33700.00"/>	<input type="text" value="33700.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="73380.55"/>	<input type="text" value="73380.55"/>
7. Total Disbursements (from Line 31)	<input type="text" value="37366.49"/>	<input type="text" value="37366.49"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="36014.06"/>	<input type="text" value="36014.06"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	33200.00	33200.00
(ii) Unitemized	500.00	500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	33700.00	33700.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	33700.00	33700.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	33700.00	33700.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	33700.00	33700.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	6366.49	6366.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6366.49	6366.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31000.00	31000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	37366.49	37366.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37366.49	37366.49

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	33700.00	33700.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33700.00	33700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	6366.49	6366.49
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	6366.49	6366.49

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 20

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Miriam Atkins

Mailing Address 3993 Hammonds Ferry

City State Zip Code
 Evans GA 30809

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 28 2015

Transaction ID : SA11AI.6011

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Harry M. Barnes III

Mailing Address 4145 Carmichael Road

City State Zip Code
 Montgomery AL 36106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montgomery Cancer Center

Occupation

Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 11 2015

Transaction ID : SA11AI.6012

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

C. Edward Broun

Mailing Address 3119 Lookout Court

City State Zip Code
 Cincinnati OH 45208

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 17 2015

Transaction ID : SA11AI.6034

Amount of Each Receipt this Period

2000.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. David Chu

Mailing Address 175 Gnarled Hill Road

City	State	Zip Code
Setauket	NY	11733

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

Transaction ID : SA11AI.6035

Amount of Each Receipt this Period

2000.00

contribution

Full Name (Last, First, Middle Initial)

B. Joseph S Cirrone

Mailing Address 22 LedgeWood Circle

City	State	Zip Code
West Setauket	NY	11733

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

Transaction ID : SA11AI.6013

Amount of Each Receipt this Period

2000.00

contribution

Full Name (Last, First, Middle Initial)

c. Noshir DaCosta

Mailing Address 9 Dorm Court

City	State	Zip Code
Setauket	NY	11733

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

Transaction ID : SA11AI.6014

Amount of Each Receipt this Period

2000.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Michael Diaz

Mailing Address 800 S Dakota Ave
401

City State Zip Code
Tampa FL 33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2015

Transaction ID : SA11AI.6015

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Dr. Bruce Gould

Mailing Address 766 Tate Overlook

City State Zip Code
Marietta GA 30064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : SA11AI.6017

Amount of Each Receipt this Period

1000.00

contribution

Full Name (Last, First, Middle Initial)

C. Regina Jablonski

Mailing Address 8 Davids Way

City State Zip Code
Port Jefferson NY 11777

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : SA11AI.6018

Amount of Each Receipt this Period

2000.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 20
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. William LiPera

Mailing Address 695 Short Beach Road

City	State	Zip Code
Nissequogue	NY	11780

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2015

Transaction ID : SA11AI.6019

Amount of Each Receipt this Period

2000.00

contribution

Full Name (Last, First, Middle Initial)

B. Michael Method

Mailing Address 62092 Carlton Drive

City	State	Zip Code
Cassopolis	MI	49031

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2015

Transaction ID : SA11AI.6037

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

C. Shahid Nawaz

Mailing Address 6 Elbridge Court

City	State	Zip Code
S Setauket	NY	11720

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2015

Transaction ID : SA11AI.6021

Amount of Each Receipt this Period

2000.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

4500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Peter Ruehlman

Mailing Address 5053 Wooster Road

City State Zip Code
Cincinnati OH 45226

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : SA11AI.6038

Amount of Each Receipt this Period

1000.00

contribution

Full Name (Last, First, Middle Initial)

B. Edward Samuel

Mailing Address 12 Salt Meadow Lane

City State Zip Code
Stony Brook NY 11790

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : SA11AI.6022

Amount of Each Receipt this Period

2000.00

contribution

Full Name (Last, First, Middle Initial)

C. Martin Silverstein

Mailing Address 70 Wilmington Drive

City State Zip Code
Melville NY 11747

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : SA11AI.6023

Amount of Each Receipt this Period

2000.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Gurmohan Syali

Mailing Address 235 N Belle Mead Avenue

City State Zip Code
 East Setauket NY 11733

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 11 / 2015

Transaction ID : SA11AI.6024

Amount of Each Receipt this Period

2000.00

contribution

Full Name (Last, First, Middle Initial)

B. Michael Theodorakis

Mailing Address 19 Shore Oaks Drive

City State Zip Code
 Stony Brook NY 11790

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 11 / 2015

Transaction ID : SA11AI.6025

Amount of Each Receipt this Period

2000.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Mark E. Thompson

Mailing Address 7175 Fox Lake Dr

City State Zip Code
 Blacklick OH 43004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid-Ohio Onc/Hem Inc

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11AI.6026

Amount of Each Receipt this Period

1000.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 20

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey Vacirca

Mailing Address 23 Valentine Road

City	State	Zip Code
Shoreham	NY	11786

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	11	/	2015

Transaction ID : SA11AI.6027

Amount of Each Receipt this Period

2000.00

contributions

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

33200.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Community Oncology Alliance, Inc.

Mailing Address 1101 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
reimbursement of PAC travel expenses

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 23 2015
Transaction ID : SB21B.6090

Amount of Each Disbursement this Period

5728.34

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 01 2015
Transaction ID : SB21B.6072

Amount of Each Disbursement this Period

14.80

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 09 2015
Transaction ID : SB21B.6073

Amount of Each Disbursement this Period

6.10

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5749.24

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2015
Transaction ID : SB21B.6074

Amount of Each Disbursement this Period

29.30

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2015
Transaction ID : SB21B.6075

Amount of Each Disbursement this Period

29.30

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2015
Transaction ID : SB21B.6076

Amount of Each Disbursement this Period

58.30

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

116.90

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2015
Transaction ID : SB21B.6077

Amount of Each Disbursement this Period

58.30

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2015
Transaction ID : SB21B.6078

Amount of Each Disbursement this Period

29.30

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2015
Transaction ID : SB21B.6079

Amount of Each Disbursement this Period

6.10

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

93.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address 672 Battelfield Boulevard N

City	State	Zip Code
Chesapeake	VA	23320

Purpose of Disbursement
Bank fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2015

Transaction ID : SB21B.6096

Amount of Each Disbursement this Period

49.95

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

49.95

6009.79

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. GUS M BILIRAKIS

Mailing Address PO BOX 606

City	State	Zip Code
TARPON SPRINGS	FL	34688

Purpose of Disbursement
contributions

011

Candidate Name

BILIRAKIS FOR CONGRESSCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

Transaction ID : SB23.6058

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. VERNON BUCHANAN

Mailing Address P. O. BOX 48928

City	State	Zip Code
SARASOTA	FL	34230

Purpose of Disbursement
contribution

011

Candidate Name

VERNON BUCHANANCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

Transaction ID : SB23.6046

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. VERNON BUCHANAN

Mailing Address P. O. BOX 48928

City	State	Zip Code
SARASOTA	FL	34230

Purpose of Disbursement
contribution

011

Candidate Name

VOTE TO ELECT REPUBLICANS NOW PAC (VERN PAC)Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

Transaction ID : SB23.6066

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. DIANA L. DEGETTE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

Mailing Address 290 ELM STREET

City	State	Zip Code
DENVER	CO	80220

Transaction ID : SB23.6062Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

Candidate Name

DIANA DEGETTE FOR CONGRESS INC.Category/
Type

1000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 01

Full Name (Last, First, Middle Initial)

B. RENEE JACISIN ELLMERS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2015

Mailing Address 122 KINGSWAY DR

City	State	Zip Code
DUNN	NC	28334

Transaction ID : SB23.6061Purpose of Disbursement
contributions

011

Amount of Each Disbursement this Period

Candidate Name

RENEE ELLMERS FOR CONGRESS COMMITTEECategory/
Type

1000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

Full Name (Last, First, Middle Initial)

C. GUTHRIE, S. BRETT HON.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

Mailing Address 1005 WRENWOOD DRIVE

City	State	Zip Code
BOWLING GREEN	KY	42103

Transaction ID : SB23.6056Purpose of Disbursement
contributions

011

Amount of Each Disbursement this Period

Candidate Name

GUTHRIE FOR CONGRESSCategory/
Type

1000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Steven Israel

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

Mailing Address P.O. BOX 777

City	State	Zip Code
DEER PARK	NY	11729

Transaction ID : SB23.6059Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Steve Israel for CongressCategory/
Type

Office Sought:



House

Disbursement For: 2016



Primary



General



Other (specify) ▼

State: NY

District: 02

Full Name (Last, First, Middle Initial)

B. TIMOTHY MURPHY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

Mailing Address 221 BROOKSIDE BLVD

City	State	Zip Code
PITTSBURGH	PA	15241

Transaction ID : SB23.6060Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

TIM MURPHY FOR CONGRESSCategory/
Type

Office Sought:



House

Disbursement For: 2016



Primary



General



Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. STEVE MR. SCALISE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

Mailing Address 234 JEFFERSON HEIGHTS AVE.

City	State	Zip Code
JEFFERSON	LA	70121

Transaction ID : SB23.6051Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

SCALISE FOR CONGRESSCategory/
Type

Office Sought:



House

Disbursement For: 2016



Primary



General



Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. STEVE MR. SCALISE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2015

Mailing Address 234 JEFFERSON HEIGHTS AVE.

City	State	Zip Code
JEFFERSON	LA	70121

Transaction ID : SB23.6054Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

Candidate Name

THE EYE OF THE TIGER POLITICAL ACTION COMMITTEECategory/
Type

5000.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. ED WHITFIELD

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2015

Mailing Address 108 ALUMNI AVENUE

City	State	Zip Code
HOPKINSVILLE	KY	42240

Transaction ID : SB23.6088Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

Candidate Name

WHITFIELD FOR CONGRESS COMMITTEECategory/
Type

2500.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY

District: 01

Full Name (Last, First, Middle Initial)

C. ED WHITFIELD

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2015

Mailing Address 108 ALUMNI AVENUE

City	State	Zip Code
HOPKINSVILLE	KY	42240

Transaction ID : SB23.6089Purpose of Disbursement
contribution

Amount of Each Disbursement this Period

Candidate Name

WHITFIELD FOR CONGRESS COMMITTEECategory/
Type

2500.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY

District: 01

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

31000.00